

Division of Developmental Disabilities

Service Definitions

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Day Habilitation services - 0394 and 0396

Day habilitation services are formalized training and staff supports that take place in a non-residential setting separate from the individual's private residence or other residential living arrangement. Day Habilitation services are scheduled activities, formalized training, and staff supports for the acquisition, retention, or improvement in self-help, behavioral, and adaptive skills that enhance social development and develop skills in performing activities of daily living, and community living. Day Habilitation services may be provided to individuals that do not have a clear plan for employment and are therefore not currently seeking to join the general work force. Training activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence, and personal choice necessary to participate successfully in community living. Individuals receiving day habilitation services are integrated into the community to the greatest extent possible.

Day Habilitation may be delivered in integrated community settings or in provider owned and operated settings for a portion of the typical workday. Generally, this service is provided between the hours of 7:00 am and 5:00 pm, or can be delivered in an alternate schedule, as documented in an individual's service plan. Staff support is continuous, that is, staff are present at all times the individual is present. Continuous day services are expected to be available for no less than seven hours per day. The provider may operate a location where individuals come to check-in prior to participating in integrated activities and/or to participate in a variety of daily activities related to greater community living. Provider owned and controlled settings also allow for individuals who are experiencing short-term medical or behavioral crisis to participate in activities that are outside the residence.

Habilitation, or teaching and supporting, may include teaching such concepts as compliance, attendance, task completion, problem solving, and safety. Services are generally not job-task oriented but instead are directed at improvement of basic skills such as attention span and motor skills, and not explicit employment objectives.

The activities, services, supports, and strategies are documented in the service plan, and the frequency and duration for which the services are delivered will be based on the service plan. Day Habilitation services will focus on enabling the individual to attain or maintain his or her maximum functional level and must be coordinated with but may not supplant any physical, occupational, or speech therapies listed in the service plan. In addition, the services and supports may reinforce skills taught in therapy, counseling sessions, or other settings. This service also includes the provision of personal care, health maintenance activities, and protective oversight when applicable to the individual, as well as supervision. In addition, the intensity of supervision will also be outlined in the service plan.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the service plan.

For individuals with degenerative conditions, these services may include training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills. Meals provided as part of these services do not constitute a full nutritional regiment and as applicable, physical nutritional management plans must be implemented as documented

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in the service plan. This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Individuals that choose Day Habilitation services may also choose Community Living and Day Supports (CLDS) but these services may not be billed during the same period of the day. Daily rates are available for Day Habilitation services when the person receives this service for four or more hours. Hourly rates are also available for times when the individual might be in this service a portion of the day but not a full four hours. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

When this service is not delivered continuously/consecutively for four or more hours, it must be billed at an hourly rate. CLDS can only be billed at an hourly rate on days when no daily rate is billed for Day Habilitation. When both services are provided in one workday, both Day Habilitation services and CLDS are billed in hours.

Transportation may be provided between the individual's place of residence and the habilitation (teaching and supporting) service site or between habilitation (teaching and supporting) service sites (in cases where the individual receives habilitation (teaching and supporting) services in more than one place). The cost of transportation is included in the rate paid to providers of the appropriate type of habilitation (teaching and supporting) services. The cost of transportation between other habilitation sites should be billed under those waiver services and not this service.

Limits on the amount, frequency, or duration of this service:

The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Day Habilitation services - Child, 4145 only

Day Habilitation services are formalized training and staff supports that take place in a non-residential setting separate from the individual's private residence or other residential living arrangement. Day Habilitation services only take place during times when a child is not attending school due to school not being in session (i.e., summer breaks and/or scheduled school holidays, in-service days, etc.). Day Habilitation services are scheduled activities, formalized training, and staff supports for the acquisition, retention, or improvement in self-help, behavioral, and adaptive skills that enhance social development and develop skills in performing activities of daily living and community living. Day Habilitation services may be provided to individuals that do not have a clear plan for employment and are therefore not currently seeking to join the general work force. Training activities and environments are designed to foster the acquisition of skills, building positive social behavior and interpersonal competence, greater independence, and personal choice necessary to participate successfully in community living. Individuals receiving day habilitation services are integrated into the community to the greatest extent possible.

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Day Habilitation may be delivered in integrated community settings or in provider owned and operated settings for a portion of the typical workday. Generally, this service is provided between the hours of 7:00 am and 5:00 pm, or can be delivered in an alternate schedule, as documented in an individual's service plan. Staff support is continuous, that is, staff are present at all times the individual is present. Continuous day services are expected to be available for no less than seven hours per day. The provider may operate a location where individuals come to check-in prior to participating in integrated activities and/or to participate in a variety of daily activities related to greater community living. Provider owned and controlled settings may also allow for individuals who are experiencing short-term medical or behavioral crisis a location to participate in activities that are outside the residence.

Habilitation, or teaching and supporting, may include teaching such concepts as compliance, attendance, task completion, problem solving, and safety. Services are generally not job-task oriented but instead are directed at improvement of basic skills such as attention span and motor skills, and not explicit employment objectives.

The activities, services, supports, and strategies are documented in the service plan, and the frequency and duration for which the services are delivered will be based on the service plan. Day habilitation services will focus on enabling the individual to attain or maintain his or her maximum functional level and must be coordinated with but may not supplant any physical, occupational, or speech therapies listed in the service plan. In addition, the services and supports may reinforce skills taught in therapy, counseling sessions, or other settings. This service also includes the provision of personal care, health maintenance activities, and protective oversight when applicable to the individual, as well as supervision. In addition, the intensity of supervision will also be outlined in the service plan.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the service plan.

For individuals with degenerative conditions, Day Habilitation services may include training and supports designed to maintain skills and functioning and to prevent or slow regression, rather than acquiring new skills or improving existing skills. Meals provided as part of these services do not constitute a full nutritional regiment and as applicable, physical nutritional management plans must be implemented as documented in the service plan. This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Individuals that choose Day Habilitation may also choose Community Living and Day Supports but these services may not be billed during the same period of the day. Daily rates are available for Day Habilitation services when the person receives this service for four or more consecutive hours. Hourly rates are also available for times when the individual might be in this service a portion of the day but not a full four hours. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

When this service is not delivered continuously/consecutively for four or more hours, it must be billed at an hourly rate. CLDS can only be billed at an hourly rate on days when no daily rate is billed for Day

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Habilitation. When both services are provided in one workday, both Day Habilitation services and CLDS are billed in hours.

Transportation may be provided between the individual's place of residence and the habilitation (teaching and supporting) service site or between habilitation (teaching and supporting) service sites (in cases where the individual receives habilitation services in more than one place. The cost of transportation is included in the rate paid to providers of the appropriate type of habilitation (teaching and supporting) services. The cost of transportation between other habilitation sites should be billed under those waiver services and not this service.

Limits on the amount, frequency, or duration of this service:

The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

DDD will not authorize developmental disabilities services for the hours the child is attending school or in a vocational rehabilitation program. Regular school hours and days apply for a child who receives home schooling.

Habilitative Child Care services - 4154

Habilitative child care is child care provided for less than 12 hours per day and may be provided in the child's natural home or in a setting approved, registered, or licensed by the Nebraska Health and Human Services.

Habilitative child care is habilitative (teaching and supporting) in nature and not typical of child care provided to a child without a disability. Habilitation (teaching and supporting) is formal, planned training and supports and is a component of habilitative child care. Training and supports provided in Habilitative child care include adaptive skill development of daily living activities, such as eating, personal grooming, and cleanliness, and social and leisure skill development.

Habilitative child care is a coordinated effort of interventions and strategies by all service providers. Habilitation (teaching and supporting) provided by the habilitative child care provider will be documented in the IFSP, be coordinated with the habilitation (teaching and supporting) provided by the habilitation services provider, and monitored by the state DD service coordinator. The strategies and interventions utilized by the habilitative child care provider, such as positive behavioral supports, safety interventions, feeding techniques, etc. are not done in isolation or contrary to those utilized by the habilitation service provider or the educational provider. The habilitative child care provider must have training or experience in the performance of the service(s) being provided and be able to perform the tasks required for the individual's needs.

Habilitative child care is available to children that live in their family home. This service may be prior authorized when both parents/guardians are working at the same time. This service does not include the cost of routine child care for the care and supervision of the client, normally provided by parents/guardians in their own home.

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Habilitative child care cannot be delivered at the same time as the delivery of Community Living and Day Supports, In-Home Residential Habilitation services, Day Habilitation services, Workstation Habilitation services, Vocational Planning Habilitation services, Integrated Community Employment services, or Respite services.

Habilitative child care is not available to individuals receiving Group Home residential habilitation services, Companion Home Residential Habilitation services, and Extended Family Home Residential Habilitation services,

This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Limits on the amount, frequency, or duration of this service:

Habilitative child care cannot be provided by the usual caregiver. The term “usual caregiver” means a person(s) who resides with the child, is not paid to provide services, and is responsible for the care and supervision of the child on a 24-hour basis.

Habilitative child care is available only to children residing in their family home.

Payment for habilitative child care does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted).

Habilitative child care cannot be provided by members of the individual’s immediate household.

Habilitative child care cannot be provided by the legal guardian.

Habilitation and child care needs will be addressed in this service as specified in the IFSP.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

DDD will not authorize developmental disabilities services for the hours the child is attending school or in a vocational rehabilitation program. Regular school hours and days apply for a child who receives home schooling.

Waiver services will not be furnished to a child while s/he is an inpatient of a hospital, nursing facility, or ICF/DD. Room and board is not included as a cost that is reimbursed under the children’s waiver.

Homemaker services -4154

Homemaker services are the general household activities necessary for maintaining and operating the child's family home to allow the usual caregiver to attend to and nurture the individual. The intent of Homemaker services is to allow the usual caregiver to meet the personal, social, and psychological needs of a growing developing child. Further, the intent of Homemaker services is to allow the caregiver to

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support and nurture self-direction, independence, and participation in integrated educational and community activities.

Any or all homemaker components may be provided to the child or the child's family as documented in the IFSP. These include:

Escort Service: A child receiving escort services is accompanied to obtain services, other than education, such as medical, dental, therapies, and behavioral health counseling because the child is unable to travel or wait alone.

Errand Service: Providing service in relation to needs described for escort service when not generally accompanied by the child, such as picking up the child's prescription or specialized equipment.

Essential Shopping: Obtaining clothing or personal care items for the child, or food for the family.

Food Preparation: Preparing family meals as necessary.

Housekeeping Activities: General in home cleaning and care of household equipment, appliances, or furnishings.

Laundry Service: Washing, drying, ironing, folding, and storing laundry in the family home; or utilizing Laundromat services on behalf of the child or child's family.

Limits on the amount, frequency, or duration of this service:

Homemaker services are available only to children residing in their family homes.

The family must supply the necessary food and kitchen equipment for food preparation.

The family must supply necessary cleaning products and equipment.

The family must supply necessary laundry products and equipment or machine use fees when a provider of laundry services washes, dries, irons, folds, or stores laundry for the child or the child's family.

Homemaker services are not intended to duplicate or replace other supports available to the individual, including natural supports and state or federally funded services. This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

To avoid duplicative billing, Homemaker services will not be prior authorized when the waiver participant is receiving in-home residential habilitation that focuses on teaching the individual homemaker components such as laundry, essential shopping, meal preparation, general house cleaning or home maintenance activities.

Homemaker services cannot exceed 10 hours per week or 520 hours per waiver year.

Unused homemaker hours are not carried over into the next waiver year.

Workstation habilitation services

Workstation habilitation (teaching and supporting) services are formalized training and staff supports for the acquisition, retention, or improvement in self-help, behavioral, and adaptive skills that enhance social development and develop skills in performing activities of daily living, community living, and employment.

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Workstation habilitation (teaching and supporting) services take place during typical working hours, in a non-residential setting, separate from the individual's private residence or other residential living arrangement, such as within a business or a community setting where individuals without disabilities work or meet together. Discreet training activities and supports during typical working hours is allowed in preparation for leaving the place where the person lives.

Workstation habilitation (teaching and supporting) services focus on the acquisition of work skills, appropriate work behavior, and the behavioral and adaptive skills necessary to enable the individual to attain or maintain his or her maximum inclusion, inclusion, and personal accomplishment in the working community. Training activities may include teaching such concepts as compliance, attendance, task completion, problem solving, and safety as well as accessing transportation independently and explicit employment objectives.

This service also includes the provision of personal care, health maintenance activities, and protective oversight when applicable to the individual, as well as supervision. In addition, the intensity of supervision will also be outlined in the service plan. Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the service plan. The habilitative services, supports, and strategies are documented in the service plan and delivered based on the service plan.

Workstation habilitation (teaching and supporting) services are delivered continuously and provide paid work experiences in preparation for competitive employment. Generally, this service is provided between the hours of 7:00 am and 5:00 pm, or can be delivered in an alternate schedule, as documented in an individual's service plan. Staff support is continuous, that is, staff are present at all times the individual is present. Daily rates are available for workstation habilitation (teaching and supporting) services when the person receives this service for four or more consecutive hours. Hourly rates are also available for times when the individual might be in this service a portion of the day but not a full four hours. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75). When this service is not delivered continuously/consecutively for four or more hours, it must be billed at an hourly rate.

This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Transportation may be provided between the individual's place of residence and the workstation habilitation (teaching and supporting) services or between habilitation (teaching and supporting) service sites (in cases where the individual receives habilitation services in more than one place). The cost of transportation is included in the rate paid to providers of the appropriate type of habilitation (teaching and supporting) services. The cost of transportation between workstation habilitation and other habilitation service sites should be billed under those waiver services and not this service.

Limits on the amount, frequency, or duration of this service:

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The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

(4154 only) DDD will not authorize developmental disabilities services for the hours the child is attending school or in a vocational rehabilitation program. Regular school hours and days apply for a child who receives home schooling.

Vocational Planning habilitation services

Vocational Planning habilitation (teaching and supporting) service is a prevocational service with focus on enabling the individual to attain work experience through career planning, job searching, and paid and unpaid work experience with the goal or outcome of Vocational Planning being integrated community employment. Services are furnished as specified in the service plan and are delivered intermittently. Intermittent services imply that staff support is provided when the services and supports are needed. Vocational Planning services can only be billed in half, quarter, or full hour increments. An hour of service equates to one clock hour.

Vocational Planning habilitation (teaching and supporting) services are formalized training and staff supports which take place during typical working hours, in a non-residential setting, separate from the individual's private residence or other residential living arrangement, such as within a business or a community setting not owned or controlled by a DD provider, where individuals without disabilities work or meet together. Discreet habilitation (teaching and supporting) during typical working hours is allowed in preparation for leaving the place where the person lives. Direct training or teaching and supports will be designed to provide the individual with face to face instruction necessary to learn work-related responsibilities, work skills, and appropriate work behavior.

Vocational Planning habilitation (teaching and supporting) services focus on the acquisition of work skills, appropriate work behavior, and the behavioral and adaptive skills necessary to enable the individual to attain or maintain his or her maximum inclusion and personal accomplishment in the working community. Habilitation (teaching and supporting) may include teaching such concepts as compliance, attendance, task completion, problem solving, and safety as well as accessing transportation independently and explicit employment objectives. Vocational Planning habilitation (teaching and supporting) services also includes the provision of personal care and protective oversight and supervision when applicable to the individual. The teaching, activities, services, supports, and strategies are documented in the service plan and delivered based on the service plan.

This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Vocational Planning habilitation (teaching and supporting) services may include career planning that is person-centered and team supported to address the individual's particular needs to prepare for, obtain, maintain or advance employment. Habilitation (teaching and supporting) services with focus on career

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planning includes development of self-awareness and assessment of skills, abilities, and needs for self-identifying career goals and direction, including resume or business plan development for customized home businesses. Assessment of skills, abilities, and needs is a person-centered team responsibility that engages all team members to support an individual in identifying a career direction and developing a plan for achieving integrated community employment at or above the state's minimum wage, but not less than the customary wage and level of benefits paid by the employer of the same or similar work performed by individuals without disabilities. The documented outcome is the stated career goals and career direction and strategies for the acquisition of skills and abilities needed for work experience in preparation for integrated community employment. Establishment of career goals may not take place at the same time as other Vocational Planning activities.

Habilitation (teaching and supporting) services with focus on career planning and strategies for implementing career goals may involve assisting the individual in accessing an Employment Network, the Nebraska Work Incentive Network (WIN), Ticket to Work services, Work Incentive Planning and Assistance (WIPA) services, or other qualified service programs that provide benefits planning.

Vocational Planning habilitation (teaching and supporting) services may include job searching designed to assist the individual, or on behalf of the individual, to locate a job or development of a work experience on behalf of the individual. Job searching may take place in the individual's residence, in integrated community settings, or in provider staff office areas. Job searching may not take place in a fixed-site facility in the areas where other individuals are receiving continuous day habilitation (teaching and supporting) services. Job searching with the individual will be provided on a one to one basis to achieve the outcome of this service.

Vocational Planning habilitation (teaching and supporting) services may include work experiences that are paid or unpaid, such as volunteering, apprenticing, interning, job shadowing, etc. A work experience takes place during typical working hours, in a non-residential setting, separate from the individual's private residence or other residential living arrangement, with the focus on attaining the outcome of integrated community employment. Habilitation (teaching and supporting) provided during a work experience may include teaching such concepts as compliance, attendance, task completion, problem solving, and safety as well as accessing transportation independently and explicit employment objectives.

Prior to learning to access transportation independently, transportation may be provided between the individual's place of residence and the vocational planning habilitation (teaching and supporting) services or between habilitation (teaching and supporting) service sites (in cases where the individual receives habilitation services in more than one place). The cost of transportation is included in the rate paid to providers of the appropriate type of habilitation (teaching and supporting) services. The cost of transportation between vocational planning habilitation and day habilitation, workstation habilitation and integrated community employment should be billed under those waiver services and not this service.

Vocational Planning habilitation (teaching and supporting) services may take place in conjunction with Integrated Community Employment services, Workstation habilitation (teaching and supporting) services, Day Habilitation service, or other day activities but may not be billed at the same time during a given day.

Limits on the amount, frequency, or duration of this service:

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The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Some components of Vocational Planning habilitation (teaching and supporting) services are time-limited. Establishment of career goals through career planning may not exceed three months. If the outcome of career planning is not reached within three months, a team meeting must be held to change the service plan. Unpaid work experiences must lead to paid employment and are therefore time-limited. Work experiences for which the general population is paid to perform may not last beyond six months. Volunteering to provide services and supports in an integrated community setting for which the general population does not get paid to perform are not considered to be a work experience and are not time-limited. No more than three individuals may participate in the same paid or unpaid work experience at the same time.

(4154 only) DDD will not authorize developmental disabilities services for the hours the child is attending school or in a vocational rehabilitation program. Regular school hours and days apply for a child who receives home schooling.

Integrated Community Employment

Integrated Community Employment (ICE) service is intermittent formalized training and staff supports - needed by an individual to acquire and maintain a job/position in the general workforce at or above the state's minimum wage, but not less than the customary wage and level of benefits paid by the employer of the same or similar work performed by individuals without disabilities. The outcome of this service is sustained paid employment in an integrated setting in the general workforce that meets personal and career goals, as documented in the individual service plan. ICE services are person-centered and team supported to address the individual's particular needs for ongoing or intermittent habilitation (teaching and supporting) throughout stabilization services and extended integrated community employment services and supports. Intermittent services imply that staff support is provided when the services and supports are needed. ICE, as an intermittent service, can only be billed in half, quarter hours, or full hour increments. An hour of service equates to one clock hour.

ICE services include habilitation (teaching and supporting) services, with activities and strategies that are outcome based and focused to sustain paid work by individuals and are designed to obtain, maintain or advance employment. Intensive direct habilitation (teaching and supporting) will be designed to provide the individual with face to face instruction necessary to learn explicit work-related responsibilities and skills, as well as appropriate work behavior.

ICE services enable individuals, for whom competitive employment at or above the minimum wage is unlikely absent the provision of supports, and who, because of their disabilities, need supports, to perform in a regular work setting. Support may involve assisting the individual in accessing an

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Employment Network, the Nebraska Work Incentive Network (WIN), Ticket to Work services, Work Incentive Planning and Assistance (WIPA) services, or other qualified service programs that provide benefits planning.

ICE services are primarily provided away from the home, in a non-residential setting, during typical working hours. Generally, this service is provided between the hours of 7:00 am and 5:00 pm, or can be delivered in an alternate schedule, as documented in an individual's service plan. Discreet habilitation (teaching and supporting) during typical working hours is allowed in preparation for leaving the place where the person lives. Intermittent face to face individualized habilitation (teaching and supporting) is provided to assist the individual in maintaining employment. Habilitation (teaching and supporting) goals and strategies must be identified in the service plan and specify in a measurable manner, the services to be provided to meet the preferences and needs of the individual.

ICE services may include a customized home-based business. Habilitation (teaching and supporting) services may be delivered in a customized home based businesses and are allowed in participant directed companion homes. ICE services do not include employment in group settings such as Workstation services, enclaves, classroom settings, or provider-owned and controlled fixed site Day Habilitation settings. In addition, it does not include services provided in provider-controlled residential environments such as Group Homes or Extended Family Homes.

Stabilization is ongoing habilitation (teaching and supporting) services and strategies needed to support and maintain an individual in an integrated competitive employment site or customized home-based employment. Stabilization habilitation (teaching and supporting) services, supports, and strategies are provided when the staff intervention time required at the job site is 20% - 50% of the individual's total work hours. Staff intervention includes regular contacts with the individual or on behalf of the individual to determine needs, as well as to offer encouragement and advice. Staff is intermittently available as needed to the individual during employment hours. Goals and strategies needed for the individual to maintain employment must be identified in the individual plan.

Extended ICE services are provided to persons who need ongoing intermittent support to maintain employment and when the staff intervention time required at the job site is less than 20% of the individual's total work hours. The provision of extended ICE is limited to the work site, including home-based business sites. Staff supports must include at a minimum, twice monthly monitoring at the work site. Extended ICE services must identify the services and supports needed to meet the needs of the individual in the service plan.

Prior to learning to access transportation independently, transportation between the individual's place of residence and the employment site is a component of ICE services and the cost of transportation is included in the rate paid to providers.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services. This service is not available under a program funded under section 110 of the Rehabilitation Act of 1973 or the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Federal financial participation is not claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

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Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;

Payments that are passed through to users of supported employment programs; or

Payments for training that is not directly related to an individual's integrated community employment services.

Limits on the amount, frequency, or duration of this service:

The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

ICE stabilization services require at least 40 hours of work per month paid at minimum wage or a wage consistent with that earned by the general working population, whichever is higher. DHHS will continue reimbursement at the ICE rate as long as the minimum total number of hours worked for the last three months (including the current month) is more than 120 hours of work (or an average of 40 or more hours per month for those three months). Multiple jobs that meet the wage requirements may be worked to reach 40 hours of employment per month.

Extended ICE services are time limited. Extended integrated community employment services require at least 80 hours of work per month paid at minimum wage or a wage consistent with that earned by the general working population, whichever is higher. DHHS will continue payment for the extended ICE services as long as the minimum total number of hours worked for the last three months (including the current month) is more than 240 hours of work (or an average of 80 or more hours per month for those three months). Multiple jobs that meet the wage requirements may be worked to reach 80 hours of employment per month. The provider may claim extended integrated community employment services for up to 24 months in order for the individual to meet their personal and career goals.

Income from customized home-based businesses may not be commensurate with minimum wage requirements with other employment. No more than two individuals may participate in a home-based business at the same participant-directed companion home.

(4154 only) DDD will not authorize developmental disabilities services for the hours the child is attending school or in a vocational rehabilitation program. Regular school hours and days apply for a child who receives home schooling.

Group home residential habilitation:

Group home residential habilitation (teaching and supporting) services are formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Formalized training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, laundry, bed making, and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. Group home residential services also includes personal care, health maintenance activities, and

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protective oversight when applicable to the individual, as well as supervision. In addition, the intensity of supervision will also be outlined in the service plan.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the service plan. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the service plan, also called the individual program plan (IPP) or individual support plan (ISP).

Group home residential habilitation (teaching and supporting) services are continuous services and are delivered in provider operated or controlled settings, such as a home with three or less individuals with DD, or a licensed Center for persons with Developmental Disabilities (CDD) with four or more individuals with DD. When there is a rental agreement with, and payment for, room and board to a DD provider or whoever owns the property, those must be treated as landlord-tenant agreements and all applicable state and local laws must be followed.

Staff support is continuous, that is, staff must be present and awake during the times that individuals are present and awake. Continuous residential services are expected to be available for no less than eleven hours. Generally, residential services will begin at 6:00 am each day. Daily rates are available for Group home residential services when the person receives this service for four or more hours. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75). The need for and intensity of direct staff support during overnight hours is commensurate with the needs of the individual. The need for asleep overnight staff, awake overnight staff, or no overnight staff must be documented in each individual's service plan. As applicable, the type of awake overnight supervision or assistance that is required must be documented in the individual's service plan. As applicable, when the individual does not require overnight staff, the results of an assessment to determine skills of independence must also be recorded in the service plan.

When the provider claims for overnight awake or overnight asleep staffing, the staff must be present to respond immediately to individuals' needs and emergencies. Overnight staffing may or may not provide formal training or intervention when the person awakens during the night. The need for formal training or interventions during overnight hours is based on the individual's assessed needs, and how the needs will be addressed, which may include explicit formal training or interventions, assistance with personal needs, and/or health maintenance activities must be documented in the service plan.

Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

The method by which the cost of room and board is excluded from payment for group home residential habilitation (teaching and supporting) services is specified in Appendix I-5.

Transportation between the participant's place of residence and other service sites and places in the community is provided as a component of group home residential habilitation (teaching and supporting) services and the cost of this transportation is included in the rate paid to providers of residential habilitation (teaching and supporting) services. The time when an individual is transported by a provider

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may be billed. The individual must be with the provider staff in order for transportation time to be claimed.

Day services and intensive behavioral interventions are not components of this service.

When the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of the state, county, city, or other designated entity. When the setting in which the landlord tenant laws do not apply, a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and the document must provide protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Limits on the amount, frequency, or duration of this service:

Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep, and improvement.

Payment for residential habilitation does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted). Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

(4154 only):

The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.

Extended family home residential habilitation:

Extended family home residential habilitation (teaching and supporting) service is formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Formalized training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, laundry, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. This service also includes the provision of personal care, health maintenance activities, and protective

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oversight when applicable to the individual, as well as supervision. In addition, the intensity of supervision will also be outlined in the service plan.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the service plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

Residential habilitation (teaching and supporting) services provided in a single family home setting are called extended family home (EFH) residential habilitation (teaching and supporting) services. The home is not owned by the individual and is rented or owned by the employee or sub-contractor of the DD provider agency. EFH residential habilitation (teaching and supporting) services are delivered by an employee of the DD provider agency or under a subcontract with a DD provider agency and are continuous services. Continuous residential services are expected to be available for no less than eleven hours. Generally, residential services will begin at 6:00 am each day. Daily rates are available for EFH residential services when the person receives this service for four or more hours. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

EFH residential habilitation (teaching and supporting) services are services provided in a setting where the individual and the EFH provider resides and the EFH provider is on-site and immediately available at all times to the individual receiving services, including during the individual's sleep time. The EFH provider must be present and awake during the times the individual is present and awake.

Six hours of overnight staffing are built into the overnight awake and overnight asleep rate for EFH residential habilitation (teaching and supporting) services. The EFH provider may be sleeping, unless awake overnight supervision or assistance is required as documented in the individual's program plan, and must be present to respond immediately to individuals' needs and emergencies. Overnight staffing may or may not provide formal training or intervention when the person awakens during the night. The need for formal training or interventions during overnight hours is based on the individual's assessed needs, and how the needs will be addressed, which may include explicit formal training or interventions, assistance with personal needs, and/or health maintenance activities must be documented in the service plan.

The method by which the cost of room and board is excluded from payment for residential habilitation is specified in Appendix I-5.

Transportation between the participant's place of residence and other service sites and places in the community is provided as a component of EFH residential habilitation (teaching and supporting) services and the cost of this transportation is included in the rate paid to providers of residential habilitation (teaching and supporting) services. The time when an individual is transported by a provider may be billed. The individual must be with the provider staff in order for transportation time to be claimed.

When the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of

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the state, county, city, or other designated entity. When the setting in which the landlord tenant laws do not apply, a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and the document must provide protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Limits on the amount, frequency, or duration of this service:

A maximum of three individuals with DD may live in the residence.

Payments for EFH residential habilitation (teaching and supporting) services are not made for room and board, the cost of facility maintenance, upkeep and improvement.

Payment for EFH residential habilitation (teaching and supporting) services does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted). Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

The amount of authorized services is individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.

The provision of EFH residential habilitation (teaching and supporting) services cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, day habilitation (teaching and supporting) services, or Medicaid State Plan services. Residential habilitation (teaching and supporting) services will not duplicate other services provided through this waiver. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

In-home residential habilitation:

Residential habilitation (teaching and supporting) services provided to a participant living in his/her family home are called in-home residential habilitation (teaching and supporting) services and are intermittent services. The home is owned or leased by the individual or their family member. Intermittent services imply that community based DD provider staff support is provided when the services and supports are needed and are delivered face-to-face intermittently available to deliver habilitation (teaching and supporting) to the person receiving services in the family home or in the community.

In-home residential habilitation (teaching and supporting) services are formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Training and supports are designed to provide the individual with face to face habilitation (teaching and supporting). Training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, laundry, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. This service may also include personal care, protective oversight, and supervision as applicable to the individual when provider staff is present.

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Intermittent in home residential services are delivered in accordance with the needs and preferences of the individual, and as outlined in the service plan. There are only hourly rates for this services and an hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

Transportation is only provided to the individual, between the participant's family home, where In-Home residential habilitation service takes place, and other service sites and places in the community is provided as a component of in-home residential habilitation (teaching and supporting) services and the cost of this transportation is included in the rate paid to providers of residential habilitation (teaching and supporting) services. The time when an individual is transported by a provider may be billed. The individual must be with the provider staff in order for transportation time to be claimed. Transportation for the provider to and from the individual's home is not included as a component of this services and cannot be claimed.

Limits on the amount, frequency, or duration of this service:

Payments for residential habilitation (teaching and supporting) services are not made for room and board, the cost of facility maintenance, upkeep, and improvement.

Payment for In-home residential habilitation (teaching and supporting) services does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted). Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

The amount of authorized services is individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan.

The provision of in-home residential habilitation (teaching and supporting) services cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, day habilitation (teaching and supporting) services, or Medicaid State Plan services. In-home residential habilitation (teaching and supporting) services will not duplicate other services provided through this waiver. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Companion Home residential habilitation:

Companion home services consist of residential habilitation (teaching and supporting) services delivered as formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Formalized training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. Companion home services may also include personal care, protective oversight, and

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supervision as applicable to the individual when provider staff is present. Training or teaching and staff supports (habilitation) are delivered face-to-face in the individual's home and in the community.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the service plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

Companion home residential habilitation (teaching and supporting) services may be provided to no more than two other individuals in a residence that is under the control and direction of the individual(s) and can be delivered intermittently or continuously. A companion home may be an apartment, a house, a condominium, or a townhouse which the individual owns or rents. The provider of residential habilitation (teaching and supporting) services in a companion home must be able to document that the individual freely chose their residential setting and housemates and that the lease or mortgage is under the control of the individual.

For continuous companion home residential habilitation (teaching and supporting) services, the provider staff must be present and awake during the times that individuals are present and awake. The need for and intensity of direct staff support during overnight hours is commensurate with the needs of the individual. The need for asleep overnight staff, awake overnight staff, or no overnight staff must be documented in each individual's service plan. As applicable, the type of awake overnight supervision or assistance that is required must be documented in the individual's service plan. As applicable, when the individual does not require overnight staff, the results of an assessment to determine skills of independence must also be recorded in the service plan.

When the provider claims for overnight awake or overnight asleep staffing, the staff must be present to respond immediately to individuals' needs and emergencies. Overnight staffing may or may not provide formal training or intervention when the person awakens during the night. The need for formal training or interventions during overnight hours is based on the individual's assessed needs, and how the needs will be addressed, which may include explicit formal training or interventions, assistance with personal needs, and/or health maintenance activities must be documented in the service plan. Continuous residential services are expected to be available for no less than eleven hours with six hours of overnight. Generally, residential services will begin at 6:00 am each day. Daily rates are available for EFH residential services when the person receives this service for four or more hours. An hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

Companion home residential habilitation (teaching and supporting) services may be delivered intermittently. Intermittent services imply that community based DD provider staff support is provided when the services and supports are needed and are delivered face-to-face intermittently available to deliver habilitation (teaching and supporting) to the person receiving services in the family home or in the community. Intermittent companion home residential habilitation (teaching and supporting) services are based on the individual's preferences and assessed needs, and must be documented in the service plan. Intermittent residential services are delivered in accordance with the needs and preferences of the individual, and must be documented in the service plan. Intermittent residential services are billed in

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hourly rates and an hour of service equates to one clock hour. Services may be billed in half and quarter hours (.25, .50, and .75).

Continuous AND intermittent residential services cannot be billed on the same day when the provider is going to bill the daily rate.

Transportation is only provided to the individual, between the participant's companion home and other service sites and places in the community is provided as a component of companion home residential habilitation (teaching and supporting) services. The cost of this transportation is included in the rate paid to providers of companion home residential habilitation services. The time when an individual is transported by a provider may be billed. The individual must be with the provider staff in order for transportation time to be claimed. Transportation for the provider to and from the individual's home is not included as a component of this services and cannot be claimed.

When the unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant laws of the state, county, city, or other designated entity. When the setting in which the landlord tenant laws do not apply, a lease, residency agreement or other form of written agreement will be in place for each HCBS participant, and the document must provide protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.

Limits on the amount, frequency, or duration of this service:

Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep, and improvement.

Payment for companion home residential habilitation does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted). Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

The amount of authorized services is individual's approved annual budget and is provided based on the individual's preferences, to the extent possible, as documented in the service plan.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Respite

Respite is the temporary, intermittent relief to the usual non-paid caregiver(s) from the continuous support and care of the individual to allow the caregiver to pursue personal, social, and recreational activities such as personal appointments, shopping, attending support groups, club meetings, and religious services, or going to entertainment or eating venues, and on vacations. Components of the

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respite service are supervision, tasks related to the individual's physical and psychological needs, and social/recreational activities. Services are provided on a short-term basis because of the absence or need for relief of those unpaid persons who normally provide care for the individual. These services may be provided in the individual's living situation and/or in the community. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

Limits on the amount, frequency, or duration:

Respite is available only to those individuals who live with their usual non-paid caregiver(s). The term "usual non-paid caregiver" means a person who resides with the individual, is not paid to provide services, and is responsible on a 24-hour per day basis for the care and supervision of the individual.

The amount of authorized services for respite services is not determined using the objective assessment process. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Payment for respite does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted).

Respite services cannot be used as adult/child care while the parents work or attend school.

Respite cannot be provided by members of the individual's immediate household.

These services may be provided in the individual's living situation and/or in a provider-operated residential community setting.

All waiver services and providers must be prior authorized within the following guidelines:

1. The tasks to be performed to meet the needs of the individual are documented in the IPP.
2. For respite services, a unit is defined as an hour, or if eight or more hours are provided in a calendar day, a day. Respite cannot exceed 30 days per waiver year;
3. Unused respite hours are not carried over into the next waiver year;
4. Waiver services must be prior authorized;
5. The date of waiver services authorization is the date that each provider is approved to begin, or the date services begin; and
6. Respite funding is available from one DHHS program source only.

Federal financial participation is not claimed for the cost of room and board.

Retirement services

Retirement services are available to individuals who are of the typical retirement age. Participants of this service have chosen to end employment or participation in day habilitation services or are no longer able

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to be employed or participate in day habilitation services due to physical disabilities or stamina. Retirement services are structured services consisting of day activities and residential support. Retirement services are provided in a home setting or community day activity setting and may be provided as a day service or a residential service. Retirement services may be self-directed or provider controlled. The outcome of retirement services is to treat each person with dignity and respect, and to the maximum extent possible maintain skills and abilities, and to keep the person engaged in their environment and community through optimal care and support to facilitate aging within the person's home and community.

Retirement services and supports are designed to actively stimulate, encourage and enable active participation; develop, maintain, and increase awareness of time, place, weather, persons, and things in the environment; introduce new leisure pursuits, establish new relationships; improve or maintain flexibility, mobility, and strength; develop and maintain the senses; and to maintain and build on previously learned skills.

Active supports must be furnished in a way which fosters the independence of each individual. Strategies for the delivery of active supports must be person centered and person directed to the maximum extent possible and must be identified in the service plan.

Retirement services and supports may include personal care, protective oversight, and supervision as applicable to the individual when provider staff is present. Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are provided when identified as a need and documented in the service plan. Meals provided as part of retirement services and supports do not constitute a "full nutritional regimen" (3 meals per day).

Retirement services may be provided as a continuous or intermittent service. Continuous day service activities are provided for seven or more hours per day and delivered in a non-institutional, community setting that may include people without disabilities. Retirement day settings cannot be set up or operated by a DD provider in communities where an existing community senior center or facilities geared for people who are elderly, such as an adult day care center are available. DD provider-operated retirement day settings must be made available to people without disabilities.

Continuous retirement residential supports are provided for seven or more hours per day and may be provided in supported living companion homes or provider operated residences. A supported living companion home has no more than two other individuals with developmental disabilities and is under the control and direction of the individual(s). The home or residence must be in an integrated community setting.

When retirement services are delivered in a provider operated residence, there must be staff on-site or within proximity to allow immediate on-site availability at all times to the individual receiving services, including during the individual's sleep time. Staff must be available to meet scheduled or unpredictable

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needs in a way that promotes maximum dignity and independence, to provide supervision, safety, and security, and to provide activities to keep the person engaged in their environment.

The personal living space and belongings of others must not be utilized by others receiving retirement services. When retirement services are delivered in residences, only shared living spaces such as the living room, kitchen, bathroom, and recreational areas may be utilized, and when retirement services are delivered to two or more individuals, different residences must be utilized on a rotating basis.

Transportation into the community to shop, attend recreational and civic events, go to the senior center, adult day care center, or other community activities is a component of retirement services and is included in the rate to providers. It shall not replace transportation that is already reimbursable under the Medicaid non-emergency medical transportation program. The service planning team must also assure the most cost effective means of transportation, which would include public transport where available. Transportation by the provider is not intended to replace generic transportation or to be used merely for convenience.

Limits on the amount, frequency, or duration of Retirement services:

Payments for retirement services are not made for room and board, the cost of facility maintenance, upkeep, and improvement.

Payment for retirement services does not include payments made, directly or indirectly, to members of the individual's immediate family. Immediate family is defined as a parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted) of the waiver participant.

The amount of authorized services is the individual's approved annual budget and is provided based on the individual's preferences to the extent possible, and as documented in the service plan, also called the individual program plan (IPP) or individual support plan (ISP).

Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

Retirement day supports cannot duplicate or replace existing natural supports, senior centers, adult day care centers, or other community activity centers in the communities in which the person resides.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Home Modifications

Home Modifications are those physical adaptations, or structural changes to the individual's home that are necessary to ensure the health, welfare, and safety of the individual, and/or which enable the individual to function with greater independence in the home.

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daptations that add to the total square footage of the home are excluded except when necessary to complete an adaptation (e.g., in order to improve entrance/egress to a residence or to configure a bathroom to accommodate a wheelchair).

1. Approvable modifications are limited to those necessary to maintain the individual in their own participant-directed home (not provider operated or controlled) or in the family's home, if living with his/her family.
2. Approvable modifications do not include adaptations or improvements to the home that are of general utility, and are not of direct medical or remedial benefit to the individual.
3. DDD will not approve home modifications if the adaptations are available under the Medicaid State Plan or from a third party source.
4. The home must not present a health and safety risk to the individual other than that corrected by the approved home modifications.
5. If the individual resides in a rental unit, the individual or family/guardian must obtain written assurance from the landlord that the property will be made available to an individual with a disability for a period of at least three years after the funding of approved home modifications, by listing the property for rent on www.housing.ne.gov.
6. Home accessibility adaptations may not be furnished to adapt living arrangements that are owned or leased by providers of waiver services.

Limits on the amount, frequency, or duration of this service:

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services.

Total cost of ATS, home modifications, and vehicle modifications combined per participant per waiver year will not exceed \$5,000.00. Unused funds do not carry over into the next waiver year.

Community Living and Day Supports

Community Living and Day Supports (CLDS) provides the necessary assistance and supports to meet the daily needs and preferences of the individual. These participant directed services and supports are provided to ensure adequate functioning in the individual's home, as well as assisting the individual to participate in a wide range of activities outside the home. CLDS may also provides the necessary assistance and supports to meet the employment and/or day service needs of the individual in integrated, community settings. The Community Living and Day Supports service includes the following components:

1. Individual assistance with hygiene, bathing, eating, dressing, grooming, toileting, transferring, or basic first aid.
2. Supervision and monitoring for the purpose of ensuring the individual's health and safety.

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3. Supports to enable the individual to access the community. This may include someone hired to accompany and support the individual in all types of community settings.
4. Supports to assist the individual to develop self-advocacy skills, exercise rights as a citizen, and acquire skills needed to exercise control and responsibility over other support services, including managing generic community resources and informal supports.
5. Supports to assist the individual in identifying and sustaining a personal support network of family, friends, and associates.
6. Household activities necessary to maintain a home living environment on a day-to-day basis, such as meal preparation, shopping, cleaning, and laundry.
7. Home maintenance activities needed to maintain the home in a clean, sanitary, and safe environment.
8. Supports to enable the individual to maintain or obtain employment. This may include someone hired to accompany and support the individual in an integrated work setting. Integrated settings are those considered as available to all members of the community. The employment supports are delivered informally. That is, the provider is not required to write formal training programs with long term goals, short term objectives, strategies, and data collection methodology. The supports delivered under CLDS could be considered "natural teaching moments."
9. Supports to enable the individual to access services and opportunities available in community settings. This may include accompanying the participant to and facilitating participation in general community activities, community volunteer work, and services provided in community settings such as senior centers and adult day centers. CLDS must not be duplicative or replace other supports available to the individual. The services provided under CLDS are different from those provided under Targeted Case Management in that the CLDS provider supports the individual by providing transportation if necessary and remaining with the individual during receipt of the services and community activities. Nebraska service coordinators do not provide direct services and supports.

Limits on the amount, frequency, or duration of this service:

CLDS cannot be provided by the usual caregiver. The term "usual caregiver" means a person(s) who resides with the individual, is not paid to provide services, and is responsible for the care and supervision of the child on a 24-hour basis. Payment for CLDS does not include payments made, directly or indirectly to members of the individual's immediate family, defined as parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted). Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

Assistance with personal care needs or household activities is available only to those individuals who live with an unpaid caregiver.

CLDS is not intended to duplicate or replace other supports available to the individual, including natural supports and state or federally funded services. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

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Household activities and home maintenance activities are for the purpose of fulfilling duties the individual would be expected to do to contribute to the operation of the household, if it were not for the individual's disability.

Homemaker services cannot be authorized when an individual receives Community Living and Day Supports.

Routine health care supports may be furnished to the extent permitted under Nebraska state law.

Individual assistance with money management and personal finances may be provided, but the provider cannot act as the representative payee.

In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement and as required by law, will be examined prior to any authorization of home maintenance services under CLDS.

The individual must supply necessary cleaning products and equipment when a provider cleans or cares for household equipment, appliances, or furnishings in the individual's home.

Payment for the work performed by the individual is the responsibility of the employer. Covered services do not include those provided in specialized developmental disability provider settings, workstations, or supported employment services.

Supports provided under CLDS must be those that are above and beyond the usual services provided in such a setting and not duplicate services expected to be the responsibility of immediate household members, a senior center, adult day center, or employer.

The individual must supply necessary cleaning products and equipment or money for a Laundromat when a provider cleans or cares for the individual's clothing.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services. CLDS cannot be delivered at the same time as the delivery of Group Home residential habilitation services, Companion Home Residential Habilitation services, Extended Family Home Residential Habilitation services, In-Home Residential Habilitation services, Workstation Habilitation services, Day Habilitation services, Vocational Planning Habilitation services, Integrated Community Employment services, or Respite services.

Assistive Technology and Supports (ATS)

Assistive Technology Supports (ATS) includes devices, controls, appliances, or other items that enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment they live in, thus decreasing their need for assistance from others.

1. Approvable items are limited to those necessary to support individuals in their home and must be appropriate to the needs of the individual as a result of limitations due to disability. An assessment will be completed to assist the individual to find an appropriate ATS solution. All devices and adaptations must be provided in accordance with applicable State or local building codes and/or applicable standards of manufacturing, design, and installation.

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2. Items that are not covered include: items covered by Medicaid, recreational and/or exercise items, security items, devices or modifications already purchased or completed, computers (some exceptions may apply), furniture or appliances, air conditioners, clothing or bedding, or disposable medical or hygiene supplies.

3. Permanently attached devices, controls, and appliances may not be installed in residential settings that are owned or leased by providers of waiver services. If the individual resides in a rental unit, the individual or family/guardian must obtain written assurance from the landlord that the property will be made available to an individual with a disability for a period of at least three years after the funding of approved home modifications, by listing the property for rent on www.housing.ne.gov.

Limits:

Total cost of ATS, home modifications, and vehicle modifications combined per participant per waiver year will not exceed \$5,000.00. Unused funds do not carry over into the next waiver year.

Personal Emergency Response System (PERS)

PERS is an electronic device which enables individuals to secure help in an emergency. The individual may also wear a portable PERS button to allow for mobility. The system is connected to the individual's phone and programmed to signal a response center once a PERS button is activated.

A provider of PERS must:

1. Instruct the individual about how to use the PERS device;
2. Obtain the individual's or authorized representative's signature verifying receipt of the PERS unit;
3. Ensure that response to device signals (where appropriate to the device) will be provided 24 hours per day, seven days per week;
4. Furnish a replacement PERS unit to the individual within 24 hours of notification of malfunction of the original unit while it is being repaired;
5. Update list of responder and contact names at a minimum semi-annually to ensure accurate and correct information;
6. Ensure monthly testing of the PERS unit; and
7. Furnish ongoing assistance when needed to evaluate and adjust the PERS device or to instruct the individual in the use of PERS devices, as well as to provide for system performance checks.

Limits:

PERS is limited to those individuals who live alone or who are alone for significant parts of the day and have no regular unpaid caregiver or provider for extended periods of time, and who would otherwise require extensive routine supervision.

Vehicle Modifications

Vehicle modifications to vehicles may be made for purposes of accommodating the special needs of the participant when the vehicle is privately owned by the individual or his/her family and is used to meet the participant's transportation needs.

The vehicle must be in good operating condition and modifications must be made in accordance with applicable standards of manufacturing, design, and installation. The following are excluded specifically from the participant's primary means of transportation:

Adaptations or improvements to the vehicle that are of a general utility, and are not a medical or remedial benefit to the individual;

Purchase or lease of a vehicle; and

Regularly scheduled upkeep & maintenance of a vehicle except upkeep & maintenance of the modifications.

Limits:

Total cost of ATS, home modifications, and vehicle modifications combined per participant per waiver year will not exceed \$5,000.00. Unused funds do not carry over into the next waiver year.

Medical Risk Services

Medical risk services are provided to individuals with complex medical needs that require continuing care and treatment but are not assessed to need continuous nursing facility level of care. Complex medical needs may result from the diagnoses of some types of diabetes or seizures or may result from use of g-tubes, g-buttons, j-tubes, tracheotomies, ventilators, or a combination of the above. Treatment or interventions to meet complex medical needs require ongoing clinical assessment, professional judgment, and treatment based on ongoing assessment and cannot be delegated to unlicensed direct support professionals.

Medical risk services are also available to individuals who have a degenerative/regressive condition diagnosed by the individual's medical practitioner and that make further growth or development unlikely. The degenerative/regressive condition requires continuing care and treatment, and significantly impedes independent completion of activities of daily living, and impedes self-directing others to perform activities of daily living. Degenerative or regressive conditions that affect all areas of daily living activities may include cerebral palsy, muscular dystrophy, multiple sclerosis, post-polio syndrome, dementia, Parkinson's disease, Huntington's disease, Alzheimer's, or other neurological impairments.

The need for medical risk services will be determined by designated staff at Division of Developmental Disabilities (DDD) central office. A referral is completed by the individual's IPP team to assist the team in planning, as a guide in giving adequate consideration to health and medical factors, or at the request of

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DDD central office. When the team, which may include the individual's physician, believes that the individual's needs require medical risk services, the individual may be referred to DD central office for a formal health assessment.

Medical risk services are provided 24/7 and are considered to be continuous services. This service is an all-inclusive service that includes residential and day habilitation (teaching and supporting), health maintenance activities, routine complex medical treatments, ongoing health and safety supervision, and ongoing clinical supports. The provision of medical risk services will be under the direction of a registered nurse. An individual cannot be authorized for another residential habilitation service and medical risk services at the same time. Physical nutritional management plans must be implemented as applicable. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day).

The residential habilitation (teaching and supporting) under this service can be delivered in a variety of home settings. The residential habilitation component is formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. Medical risk services are all-inclusive, meaning that an individual cannot receive these services in combination with another DD waiver service. Formalized training and staff supports include adaptive skill development of daily living activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. Residential habilitation (teaching and supporting) also includes personal care and protective oversight when applicable as well as supervision.

The day habilitation (teaching and supporting) service component, is provided away from the home, unless prescribed to be medically necessary by the individual's physician and approved by DDD central office, and is provided during typical working hours to increase the person's independence, integration, inclusion, personal accomplishment, and employment objectives, as applicable. Day habilitation services that are provided as part of this all-inclusive service are provided in non-residential settings in the community. An individual cannot be authorized for another day habilitation service and medical risk services at the same time. The habilitation (teaching and supporting) services are formalized training and supports, which focus on enabling the individual to attain or maintain his or her maximum functional level and must be coordinated with but may not supplant any physical, occupational, or speech therapies in the IPP. The habilitative training and supports may include workplace training, increasing socialization and recreational skills and abilities in the community, and skills to assist in access to and integration in their community. The day habilitation (teaching and supporting) component also includes personal care and protective oversight when applicable as well as supervision.

Health maintenance activities, such as medication administration and treatments that are routine, stable, and predictable may be provided by medication aides and other unlicensed direct support professionals and require nurse or medical practitioner oversight of delegated activities to the extent permitted under applicable State laws. Health maintenance activities, supervision, and assistance with personal needs are not an exclusive component of medical risk services and are provided when identified as a need and documented in the service plan.

Assistance with personal needs may include toileting, transfer and ambulation, skin care, bathing, dressing, grooming, meal preparation, eating, extension of therapies and exercise, and routine care of adaptive equipment primarily involving cleaning as needed.

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Treatments or interventions to meet complex medical needs or address degenerative conditions are outlined in a nursing plan and included in the person's service plan. Health and safety factors including the type and amount of supervision, environmental conditions, weather conditions, architectural conditions, special diets, and safe evacuation plans are included in the service plan as applicable to the individual.

Medical risk providers must have a sufficient number of Registered Nurses on staff or under contract to develop nursing plans, provide complex medical treatments, train unlicensed direct support professionals, and oversee delegation of health maintenance activities to the extent permitted under applicable state laws.

Limits on the amount, frequency, or duration of Medical Risk services:

Medical risk services are not participant directed. The amount of authorized services for medical risk services may not be determined using the objective assessment process.

Complex medical treatments require ongoing assessment, professional judgment, and treatment based on ongoing assessment and can only be delegated to unlicensed direct support professionals to the extent permitted under Neb. Rev. Statute § 71-1, 132.30.

Payments for medical risk services are not made for room and board, the cost of setting maintenance, upkeep, and improvement.

Payment for medical risk services does not include DDD payments made, directly or indirectly, to members of the individual's immediate family. Immediate family is defined as a parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted) of the waiver participant. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

The provision of medical risk services cannot overlap with or supplant other state or federally funded services such as, but not limited to respite services, Vocational Rehabilitation services, or Medicaid State Plan services. Medical risk services will not duplicate other services provided through this waiver. Medical risk services are all-inclusive, meaning that an individual cannot receive these services in combination with another DD waiver service. Each waiver service must be prior-authorized to avoid duplicative billing with other waiver services.

Behavioral Risk Services

Behavioral risk services are provided to individuals with complex behavioral needs that require continuing care and treatment. Behavioral risk services may be required when behaviors place the individual and/or others at risk of harm and may include actual, attempted, or threatened physical harm to oneself and/or others. This includes implicit threats, which is defined as statements and/or acts that reasonably induce fear of physical harm to others. Additionally, examples of behaviors placing oneself and/or others at risk of harm include self-directed actions intended to cause tissue damage, medication non-compliance, destruction of other people's belongings, elopement, and contact with the legal system for the previously mentioned behaviors, as well as other law-breaking behaviors (e.g., stealing, vandalism).

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The need for behavioral risk services will be determined by designated staff at Division of Developmental Disabilities (DDD) central office. A risk screen is completed by the individual's IPP team to assist the team in planning, as a guide in giving adequate consideration to risk factors, or at the request of DDD central office. If the risk screen indicates an individual may present a risk of harm to oneself and/or others, the individual may be referred to DD central office for a formal risk assessment.

A risk assessment identifies, evaluates, and prioritizes interventions to implement or attempt to manage/reduce risk. The risk assessment will include the following: description, likelihood, frequency, duration, intensity, imminence, and incapacitation. Additionally, it includes an examination of the function of violence, for example, perceptual distortions, antisocial attitudes, irrational beliefs, labile affect, or interpersonal stressors. A risk assessment will also evaluate "buffering" conditions that reduce the likelihood of risk, for example, residential and day habilitation (teaching and supporting) services, non-DD therapeutic services, an individual's personal strengths (e.g., motivation), support system (e.g., family and friends), ability to establish pro-social judgment, and history of adverse life events.

If DDD central office staff concludes an individual presents a moderate to high risk of harm to oneself and/or others, the individual will be eligible for behavioral risk services. Should an individual present with a dual diagnosis of DD and MI and their risk is a result of issues stemming from Axis I, primary diagnosis of severe persistent mental illness, then the individual will be referred for behavioral health services. Behavioral risk services are not intended to supplant other behavioral health services such as, but not limited to psychiatry, counseling, or individual or group therapy.

Behavioral risk services are provided 24/7 and are considered to be continuous services. This service is an all-inclusive daily rate service that includes residential habilitation (teaching and supporting) services, day habilitation (teaching and supporting) services, transportation, intensive behavioral supports, ongoing safety supervision, and ongoing clinical supports. Because behavioral risk services are all-inclusive, an individual cannot receive these services in combination with another DD waiver service. When behavioral risk service is delivered where the person lives, where the person works, where the person is recreating and socializing, or where the person participates in day services, the service is billed as Behavioral Risk service, and is not billed as a separate residential habilitation service or a separate day habilitation services.

The provision of behavioral risk services will be under the direction of a supervising mental health practitioner. Behavioral risk services are furnished as specified in the individual program plan. Staffing ratios are flexible and commensurate to meeting the needs of the individuals.

Intensive behavioral intervention strategies and supports require ongoing assessment, professional judgment, and treatment based on ongoing assessment. The provider must have a licensed independent mental health practitioner on staff to oversee the delivery of behavioral risk services by unlicensed direct support professionals.

Residential habilitation (teaching and supporting) services under this service can be delivered in a variety of home settings. Residential habilitation (teaching and supporting) services delivered as an inclusive component of this service include formalized training and staff supports for the acquisition, retention, or improvement in skills related to living in the community. An individual cannot be authorized for another residential habilitation service and behavioral risk services at the same time. Formalized training, intensive behavioral supports, and staff supports include adaptive skill development of daily living

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activities, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, community inclusion, transportation, and the social and leisure skill development necessary to enable the individual to live in the most integrated setting appropriate to his/her needs. The method by which the costs of room and board are excluded from payment for residential habilitation is specified in Appendix I-5.

Day habilitation (teaching and supporting) services delivered as an inclusive component of this service include formalized training and staff supports which focus on the acquisition of work skills and appropriate work behavior. Day habilitation services that are provided as part of this all-inclusive service are provided in non-residential settings in the community. An individual cannot be authorized for another day habilitation service and behavioral risk services at the same time. Behavioral risk day habilitation (teaching and supporting) also includes intensive behavioral supports that focus on the behavioral and adaptive skills necessary to enable the individual to attain or maintain his or her maximum integration, inclusion, and personal accomplishment in the working community. Day habilitation (teaching and supporting) services, such as day habilitation service activities, workstations, vocational planning service, or integrated community employment are provided away from the home, in a non-residential setting, during typical working hours. Discreet habilitation (teaching and supporting) in preparation for leaving the residential setting during typical working hours is allowed.

Intervention strategies for the delivery of habilitation (teaching and supporting), intensive behavioral supports, ongoing safety supervision, and ongoing supports are determined by the service plan team in conjunction with the supervising mental health practitioner and must be documented in the service plan. Interventions will be based on the individual's assessed needs and, as applicable, will include the following: staff objectives/ safety plans for preventing and/or stopping behaviors that are harmful to the individual or others; habilitation (teaching and supporting) to address acceptable communication of needs and preferences, coping, social, and problem-solving skills; residential and vocational settings, environmental and architectural factors, and location of service delivery; collaboration with behavioral health efforts to meet mental health needs (e.g., counseling, individual/ group psychotherapy, psychotropic medications); and supervision and monitoring strategies, including the type and amount of supervision, law enforcement contacts, provider monitoring responsibilities, and service coordination responsibilities. Restrictive interventions to ensure the safety of the individual and others must be reviewed at every service plan meeting. When applicable, a plan to reduce/eliminate the restriction must be developed, documented in the service plan, and upon request provided to DDD central office.

When determined appropriate by the service plan team and supervising practitioner, a plan to reduce the intensity of Behavioral Risk Services must be developed and upon request, provided to DDD central office.

Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Because Behavioral Risk service is an all-inclusive service, the cost of transportation is included in the rate paid to providers of Behavioral Risk service. The time when an individual is transported by a provider may be billed. The individual must be with the provider staff in order for transportation time to be claimed.

Limits on the amount, frequency, or duration of Behavioral Risk services:

Behavioral risk services are not participant directed. The amount of authorized services for behavioral risk services may not be determined using the objective assessment process.

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Payments for behavioral risk services are not made for room and board, the cost of setting maintenance, upkeep, and improvement.

Payment for behavioral risk services does not include payments made, directly or indirectly, to members of the individual's immediate family. Immediate family is defined as a parent (biological, step, or adoptive), spouse, or child (biological, step, or adopted) of the waiver participant. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

This service will not overlap with, supplant, or duplicate other services provided through the waiver or Medicaid State plan services. Behavioral risk services are all-inclusive, meaning that an individual cannot receive these services in combination with another DD waiver service. Each waiver service must be prior-authorized to avoid duplicative billing with another waiver service. An individual cannot be authorized for another day habilitation service or a separate residential habilitation service and behavioral risk services at the same time. The rate for behavioral risk services is set by DDD.

Team Behavioral Consultation

The rate for team behavioral consultation is set by DDD.

Team behavioral consultation is on-site consultation by highly specialized teams with behavioral and psychological expertise when individuals with DD experience psychological, behavioral, or emotional instability which has been resistant to other standard habilitative interventions and strategies that have been attempted by the individual's IPP team. Sometimes in rural areas of the state, community resources, such as psychologists or psychiatrists are not readily available to consult with or participate in meetings, or have very little experience with treating individuals with DD. Team behavioral consultation service may be requested by the IPP team or directed by DDD central office and the need for the service is reflected in the IPP.

Team behavioral consultation (TBC) service includes reviewing referral information, an entrance conference, on-site observations, interviews, and assessments, training to direct support staff, identification of the need for referral(s) to other services if applicable, an exit conference, report of findings and recommendations, and follow-up.

The service begins with submission of a referral to DDD central office to log and forward to the assigned TBC team. The TBC team contacts the individual's service coordinator (SC) to schedule a consultation visit and the SC submits informational packet to the TBC team for review prior to the scheduled visit. The on-site consultation begins with an initial meeting of the IPP team – the individual, legal representative and/or parent, service coordinator, staff from habilitation service components delivered to the person

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(day services, residential services, or both day and residential services), other professionals serving the person in the community, as well as TBC service staff.

The TBC service is provided under the direction of a Licensed Clinical Psychologist, and may include the following members, depending upon the individual's needs: a Certified Master of Social Work, a Registered nurse, a licensed mental health practitioner, or other qualified professionals. This meeting is designed to further explore the negative behavior and plan the schedule for the on-site consultation.

Observations where the individual lives, and/or takes part in day services or other activities are conducted at any time of the day or night, depending upon when and where the specific negative behaviors are exhibited. IPP team members are interviewed, and assessments are completed. The current interventions are noted, and efficacy assessed. Behavioral interventions are developed, piloted, and evaluated, and revised, as necessary. Training is delivered to the IPP team as applicable and requested, such as best practices in intervention strategies, medical and psychological conditions, or environmental impact to service delivery.

Findings and recommendations are written and discussed with the team at the exit conference and a copy is provided to DDD central office. The individual is present for the consultation.

If at any time the TBC team identifies a need for a referral as a result of the review of the individual case file, observations, interviews, and/or completion of assessments, the TBC will notify the individual's DDD service coordinator to recommend/direct that a referral be made for needs such as, but not limited to a medication review, dental work, medical evaluation, or nutritional evaluation. Such referral recommendations are documented in the TBC report.

Follow-up begins after the TBC staff has left the community site. It includes all revisions to the recommendations package, and phone, e-mail, and on-site contact with the individual's IPP team in the community. Weekly contact with the IPP team is conducted by telephone or e-mail to provide support and additional recommendations, as needed. Behavioral data and Treatment Integrity checklists are reviewed on an on-going basis, with on-site follow-up conducted if problem behaviors continue to be resistant in spite of consistently applied efforts. Continued follow-up is provided after each successive on-site visit. The TBC file is closed when there is agreement to do so by TBC staff and the individual's IPP team.

The recommendations from the TBC service provider for addressing behaviors and intervention strategies must be addressed by the individual's IPP team and changes resulting from the recommendations are documented in the IPP.

Limits on the amount, frequency, or duration of Team Behavioral Consultation services:

Team behavioral consultation is only available to individuals receiving services from a certified DD agency provider.

TBC will not be available to individuals that receive behavioral risk services or retirement services.

TBC services will not be furnished to an individual while s/he is an inpatient of a hospital, nursing facility, or ICF. Room and board is not included as a cost that is reimbursed under this service.

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To avoid overlap or duplication of service, team behavioral consultation services are limited to those services not already covered under the Medicaid State Plan or which can be procured from other formal or informal resources such as IDEA or Rehab act of 1973. Furthermore, TBC services will not duplicate other services provided through this waiver.

A unit of team behavioral consultation is defined as a day.

The authorized amount of team behavioral consultation is not determined using the objective assessment process. The funding amount and duration of the service is set by DDD and is not based on the objective assessment process described in I-2-a.